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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to: <b>Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</b>	Attorney Docket No.	5203-001REF
	First Named Inventor	Hongwei Zhao
	Original Patent Number	5,970,976
	Original Patent Issue Date (Month/Day/Year)	October 26, 1999
	Express Mail Label No.	EL 581 387 612 US

APPLICATION FOR REISSUE OF:  
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?  
☐ Yes ☒ No  
  
(If Yes, check applicable box(es))  
  
☐ Written Consent of all Assignees (PTO/SB/53)  
  
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(PTO/SB/96)

### ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to the claims See 37 CFR 1.173(c).
8. ☐ Original U.S. Patent for surrender  
☐ Ribbonded Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☒ Other: Patentee hereby offers to surrender the original patent upon request.

### 14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



or ☐ Correspondence address below

27572

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NAME (Print/Type)	Gordon K. Harris, Jr.	Registration No. (Attorney/Agent)	28615
Signature		Date	October 17, 2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 5203-001REF		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 12 (C) 4	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 24 (D) 8	**** 4 = * 4	X\$9= X\$42=	36 168	or X\$= X\$=		
Basic Fee (37 CFR 1.16(h))					\$370		\$	
Total Filing Fee					\$574	OR	\$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$= =	or X\$= =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$= =	X\$= =		
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancelation of claims **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. <u>08-0750</u> in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-0750</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>574</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</b></p>								
October 17, 2001								
Date		Signature of Applicant, Attorney or Agent of Record						
		Gordon K. Harris, Jr.						
		Typed or printed name						